



United States Agency for International Development (USAID)

Agency Priority Goal | Action Plan | FY 24 – Q3

Preventing Child and Maternal Deaths

Goal Leader(s):

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Goal Overview

Goal Statement: By September 30, 2025, the United States will contribute to an average annual reduction of 3 percent¹ in the under-five mortality rate (U5MR)² per 1,000 live births in U.S. government (USG) priority countries through evidence-based maternal child health, malaria, health systems, nutrition, reproductive health and family planning, and water, sanitation, and hygiene (WASH) activities.

Problem to Be Solved:

- In 2021 alone, five million children died before reaching their fifth birthday, even without counting the increase in mortality due to COVID-19. Under-five (U5) mortality is disproportionately distributed, with 58 percent in Sub-Saharan Africa and 26 percent in Southern Asia.³
- Nearly half (47 percent) of all U5 deaths in 2021 occurred during the neonatal period – the first 28 days of life. Sub-Saharan Africa has the highest neonatal mortality rate in the world, at 27 deaths per 1,000 live births, followed by Southern Asia at 23 deaths per 1,000.³ A child born in a high-income economy* country has a risk of death in the first month of life that is just one tenth the risk for a child born in a low-income economy* country.
- Maternal mortality ratio (MMR) is unacceptably high. About 287,000 women died during and following pregnancy and childbirth in 2020. The vast majority of these deaths (93 percent) occurred in low-resource settings, which have limited access to the interventions that could have been prevented them.

What Success Looks Like:

Accelerating progress on [Sustainable Development Goal 3 \(SDG 3\)](#) in low-resource settings that are disproportionately burdened with high child and maternal mortality.

- SDG 3.1: Reduce the global MMR to less than 70 per 100,000 births, with no country having an MMR of more than twice the global average.
- SDG 3.2: By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and U5 mortality to at least as low as 25 per 1,000 live births.

Footnotes:

¹The Global Health Bureau (GHB) technical teams looked at past trends and near-term projections, the level of 3% was judged as both feasible and also a challenge to maintain.

² Maternal mortality estimates are not updated every year

³ [UNICEF website](#): Levels and trends in child mortality.

⁴ Trends in [maternal mortality: 2000 to 2020](#): Geneva: WHO; 2023

* Definitions of high and low-income economy countries are available on the World Bank Group's [Country and Lending Groups](#) webpage.

Goal Overview

Challenges:

Despite decades of progress, significant challenges remain for achieving the maternal and child health SDGs and reversing the disruptions in essential health services due to the COVID-19 pandemic:

Unequal Burden:

Sub-Saharan Africa and South Asia account for four out of five U5 deaths globally.

- 58 percent of global U5 deaths occur in Sub-Saharan Africa where 1 in 13 children born in Sub-Saharan Africa die before age five. This is nearly 15 times the average in high-income countries, where 1 in 200 children die before age five.
- 26 percent of global U5 deaths occur in South Asia.
- Lower household wealth, a less educated mother,¹ and birth in a rural area lower a newborn's chances of survival.
- In countries with the lowest coverage of antenatal care, disparities in access to skilled birth attendants are wider between rich and poor.
- The proportion of infants in Sub-Saharan Africa who have received no vaccination (zero-dose) is double the global average.

High-Risk Newborns:

The first 28 days of life – the neonatal period – is the most vulnerable time for a child's survival.

- Mortality during the neonatal period is falling slower than during other periods of childhood.
- Children born to mothers 19 years old or younger and 35 years old and older,² and to mothers who live in rural areas are particularly susceptible to death during the neonatal period.
- Children born less than 24 months after another sibling are also at greater risk of dying than children born after longer intervals between births.
- Evidence shows that initiating breastfeeding within one hour of birth reduces the risk of neonatal death by 44 percent.

Deaths from Preventable Infectious Diseases and Malnutrition:

The leading causes of U5 mortality are pneumonia, diarrhea, malaria, measles, and AIDS, respectively.

- Pneumonia, diarrhea, and malaria claim the lives of three out of every 10 children who die before age five.
- Many of these deaths occur in children whose immune systems are already weakened by undernutrition.
- Malnutrition is an underlying cause of an estimated 45 percent of U5 deaths.³
- An estimated 12.6 percent of U5 deaths could be prevented by vaccines.
- Children under five years of age account for more than 60 percent of malaria deaths globally.

Quality of Care: Pregnant mothers and their babies require access to high-quality services and a continuum of care from pregnancy through childbirth and the postnatal period. Access to care, quality of services, and provision of services are challenges, compounded by the need for recovery from health services disruptions due to the COVID-19 pandemic, political strife, financial constraints in Ministry of Health budgets, and disease outbreaks.

1: [Newborn survival is associated with education](#). Newborns have lower chances of survival if they are born to mothers with no or only primary education.

2: See [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00038-8/](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00038-8/).

3: USAID defines "undernutrition" on page 49 and "malnutrition" on page 47 of its [Multi-Sectoral Nutrition Strategy 2014-2025](#). Malnutrition: a condition when a person's diet does not provide adequate nutrients for growth and maintenance, or if they are unable to fully utilize the food they eat due to illness; consists of both under- (insufficiency) and over- (excess) nutrition. Under-nutrition: various forms of poor nutrition caused by a complex array of factors, including dietary inadequacy, infections, and sociocultural factors. Underweight, stunting, wasting, and micronutrient deficiencies are forms of under-nutrition.

Goal Overview

Opportunities:

- USAID, as a global leader in the health sector, identifies programs and health interventions that will have the greatest impact. USAID does this by analyzing the causes of child and maternal deaths and by leveraging the knowledge it has accumulated and the current coverage of lifesaving interventions.
- In March 2023, USAID's GH Bureau published [*A Framework for Action in a Changing World 2023-2030*](#), which explains how the Bureau is reinvigorating the momentum for and global commitment to improving maternal and child survival by increasing coverage of high impact interventions, strengthening quality of care, and enhancing equity.
- USAID concentrates investments in 25 priority countries¹ the GH Bureau identified based on the highest need and opportunity, and the potential to leverage resources from the public and private sectors to improve health outcomes. These countries collectively account for more than two-thirds of maternal and child deaths globally.
- USAID continues to work with partners in the USG and the global community to strengthen health care to prevent child and maternal deaths, as both types of partners significantly impact global productivity, economic development, and sustainable development.

¹The 25 USG priority countries for maternal and child health (MCH) are: the Islamic Republics of Afghanistan and Pakistan; the People's Republic of Bangladesh; Burma; the Democratic Republic of Congo; the Democratic Federal Republics of Ethiopia and Nepal; the Federal Republic of Nigeria; the Republics of Ghana, Haïti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Rwanda, Sénégal, South Sudan, Uganda, Yemen, and Zambia; and the United Republic of Tanzania.

Goal Target(s)

Achievement Statement		Key Indicator(s)	Quantify Progress*					Frequency
	We will...	Name of indicator (units in parentheses)	Start value	As of (Date)	Target value	Current value	As of (Date)	Update cycle
1	Fund and deliver shipments of contraceptive commodities on time	Percent of shipments of contraceptive commodities that are on time	75%	FY 2018 Q1	80%	98%	FY 2024 Q2*	Quarterly
2	Fund activities and work collaboratively to increase the rate of exclusive breastfeeding***	Absolute change in the rate of exclusive breastfeeding among children under 6 months old	+1.48	FY 2018	+1	+1.3***	FY 2023	Annual
3	Fund activities and work collaboratively to increase the percentage of children who receive the pneumococcal vaccine (PCV)	Absolute change in total percentage of children who received at least 3 doses of PCV by 12 months of age	+1.57	FY 2018	+1	+14.7	FY 2023	Annual
4	Fund and distribute insecticide-treated nets to increase the number of people protected against malaria	Annual total number of people protected against malaria with insecticide- treated nets	72 M	FY 2015	110M	91.6M	FY 2023	Annual
5	Fund activities and work collaboratively to increase the prevalence of modern contraceptive use	Absolute change in the modern contraceptive prevalence rate (mCPR)	+1	FY 2015	+1	+0.8	FY 2023	Annual
6	Fund activities and work collaboratively to increase births delivered in health facilities	Absolute change in total percentage of births delivered in a health facility	0.78	FY 2022	+1	+0.8	FY 2023	Annual
7	Fund activities and work collaboratively to increase the survival rate for children under 5 years old	Percent change in under-five mortality rate (decrease per 1,000 live births)	-3.3%	FY 2015	-3%	-3.22%**	FY 2023	Annual

* Due to a one-month lag in data reporting for the quarterly indicator, USAID will report all values in the following quarter.

** Data for FY 2023 percent change in under-five mortality rate was updated this quarter because data was not available at Q1 reporting

*** "Exclusive Breastfeeding" is feeding a baby only with breast milk, not any other foods or liquids (including infant formula or water), except for medications or vitamin and mineral supplements.

Narrative – FY 2024, Quarter 3

Milestones:

- Conducted Performance Plan and Report (PPR) data deep dive, analyzed data trends in the Universal Health Coverage (UHC) Service Coverage Index's (SCI), and consulted with Missions to further PCMD programming status and accelerate progress on saving maternal and child lives.
 - PPR deep dives were conducted in Q3. Data was analyzed on UHC SCI trends for the pending PCMD report expected to be released in Q4.
 - In coordination with the Africa Bureau, priority countries were selected for consultations.
 - In Q3, consultations were held with the Ghana and Nigeria Missions, with Mozambique, Kenya, and Tanzania scheduled for Q4.
- Percentage of contraceptive commodity shipments delivered on time to Family Planning & Reproductive Health (FP/RH) Priority Countries (On-time Delivery):
 - Of the 57 shipments/deliveries expected to be delivered to Priority Countries in FY 2024 Q2, 56 arrived within the established delivery window. USAID and [the Global Health Supply Chain Program – Procurement and Supply Management \(GHSC-PSM\)](#) project continue to ensure a continuous and reliable supply of contraceptive commodities to FP/RH Priority Countries. This is achieved through the use of multiple supply chain strategies employed in FY 2023 and active engagement and collaboration with global with FP/RH partners.

Goal Team

USAID GH Bureau

Goal Lead

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Atul Gawande, Assistant Administrator

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Goal Strategies

- USAID's overarching goal strategy combines efforts across the entire GH Bureau and other operating units to focus investments on the known challenges across [family planning and reproductive health](#), [maternal and child health](#), [malaria](#), [nutrition](#), [water and sanitation](#), and [strengthening health institutions](#).
- USAID's overall goal for its maternal and child health (MCH) programs is to reduce preventable maternal and child mortality by addressing challenges through cost-effective, high-impact interventions at scale.
- USAID seeks to make the greatest impact through efforts in procuring and delivering essential, safe medicines and health commodities and improving access to high-quality health care for the most vulnerable and underserved populations, down to the community level.
- By partnering and collaborating globally, USAID investments significantly accelerate progress in most needed, high-burden world regions to attain [SDG3](#) goals on health and wellbeing for mothers and children.

Goal Strategies (Cont.)

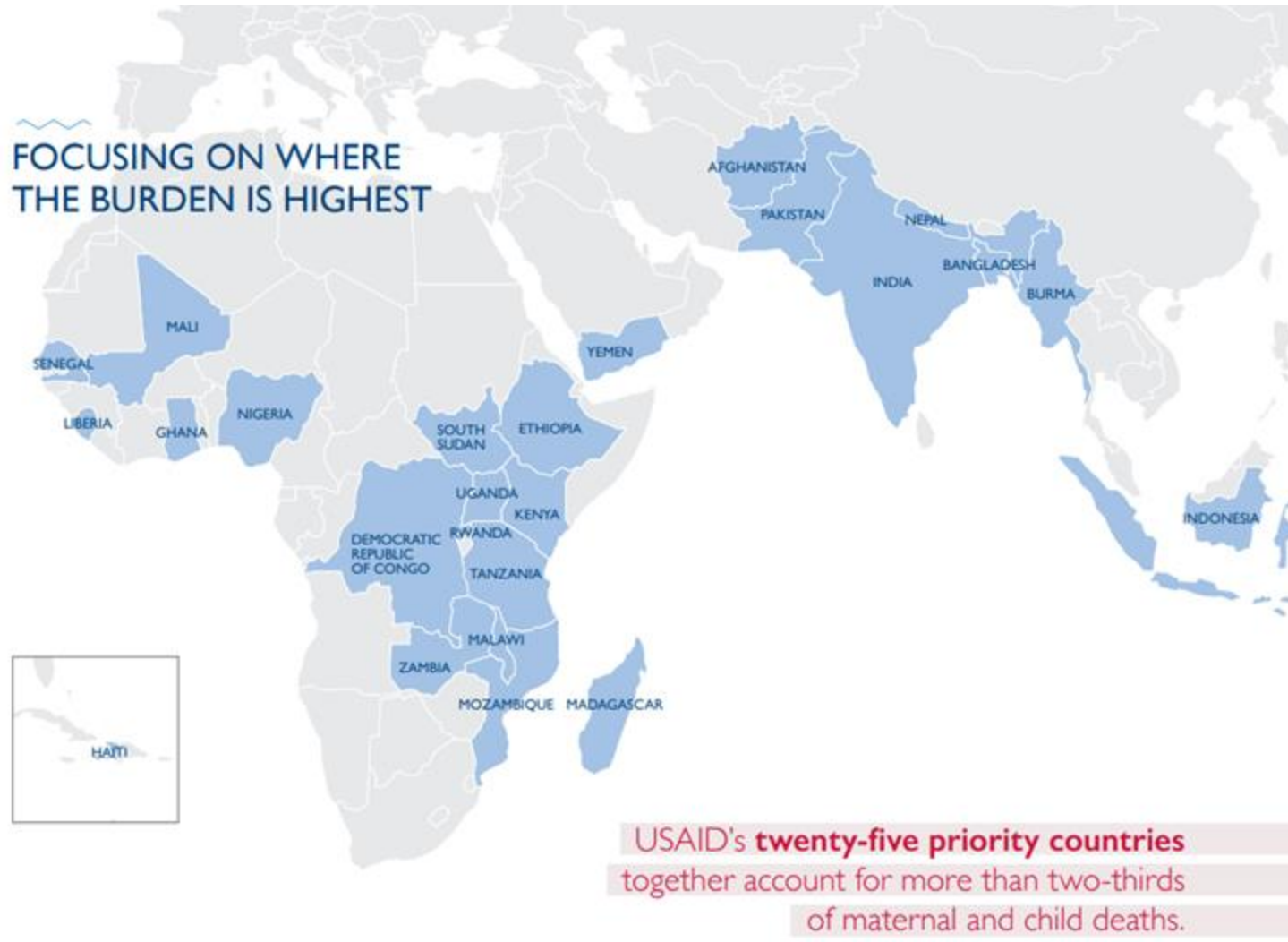
1. Maternal and Newborn Health	<ul style="list-style-type: none">● Promote high-impact interventions for the major causes of death in childbirth, especially postpartum hemorrhage and preeclampsia/eclampsia.● Strengthen public and private health-care institutions, promote respectful care, and modify family and community behaviors to encourage more women to seek timely maternity care.● Strengthen care during labor, delivery, and the first 48 hours postpartum, which is a vital and particularly vulnerable time for women and their infants.
2. Child Health and Immunization	<ul style="list-style-type: none">● Reduce child mortality, expand equitable access to high-quality care, and lay the groundwork for optimal growth and development so children can grow into healthy adults.● Support equitable access and sustained high coverage of childhood vaccination and across the lifecourse; demand generation and building trust in vaccines; tailored approaches in primary health care to ensure no one is left behind; and communities are protected from vaccine preventable diseases.
3. Malaria	<ul style="list-style-type: none">● Through PMI, work with the governments of host countries, civil society, and private-sector partners to reduce malaria mortality and morbidity and accelerate toward elimination.● Reach the unreached with high quality, proven interventions; strengthen community and frontline health systems; keep malaria services resilient against shocks; invest in local leadership and implementation of malaria programs; and innovate and lead to end malaria faster.

Goal Strategies (Cont.)

4. Nutrition	<ul style="list-style-type: none">• Invest in integrated activities that focus on preventing malnutrition: improving women's nutrition and counseling by focusing on pregnant and lactating women.• Improve feeding practices for infants and young children, including exclusive breastfeeding and appropriate complementary feeding.¹• Deliver nutrition services, such as micronutrient supplementation and food fortification.• Treat children with acute malnutrition within routine health care.• Build the capacity for health providers to assess the nutritional status of expecting mothers and young children and treat and counsel them appropriately.• Strengthen the governance of nutrition and domestic financing for self-reliance.
5. Voluntary Family Planning	<ul style="list-style-type: none">• Empower individuals to time and space their births at the healthiest intervals by mobilizing demand for modern voluntary family planning through behavior-change communications; improve the supply of and logistics for commodities; improve service delivery; create an enabling environment for programming in voluntary family planning/reproductive health (RH) through policy analysis and planning; advance biomedical, social-science, and program research; improve knowledge management; and carefully monitor and evaluate.
6. Strengthening Health Care System	<ul style="list-style-type: none">• Ensure that care is accountable, affordable, accessible, and reliable.• Optimize use of human and financial resources and commodities.• Provide high-quality care.• Achieve better health outcomes for all.

1. USAID defines "complementary feeding" on page 45 of its [Multi-Sectoral Nutrition Strategy 2014-2025](#). Complementary Feeding: The transition from exclusive breastfeeding to introducing solid foods – typically during the period from 6–24 months of age. This is a critical period of growth during which nutrient deficiencies and illnesses can contribute globally to high undernutrition rates among children. WHO recommends that infants should be exclusively breastfed for the first six months of life. Thereafter, infants should receive an increasing amount of nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.

Goal Strategies (Cont.)

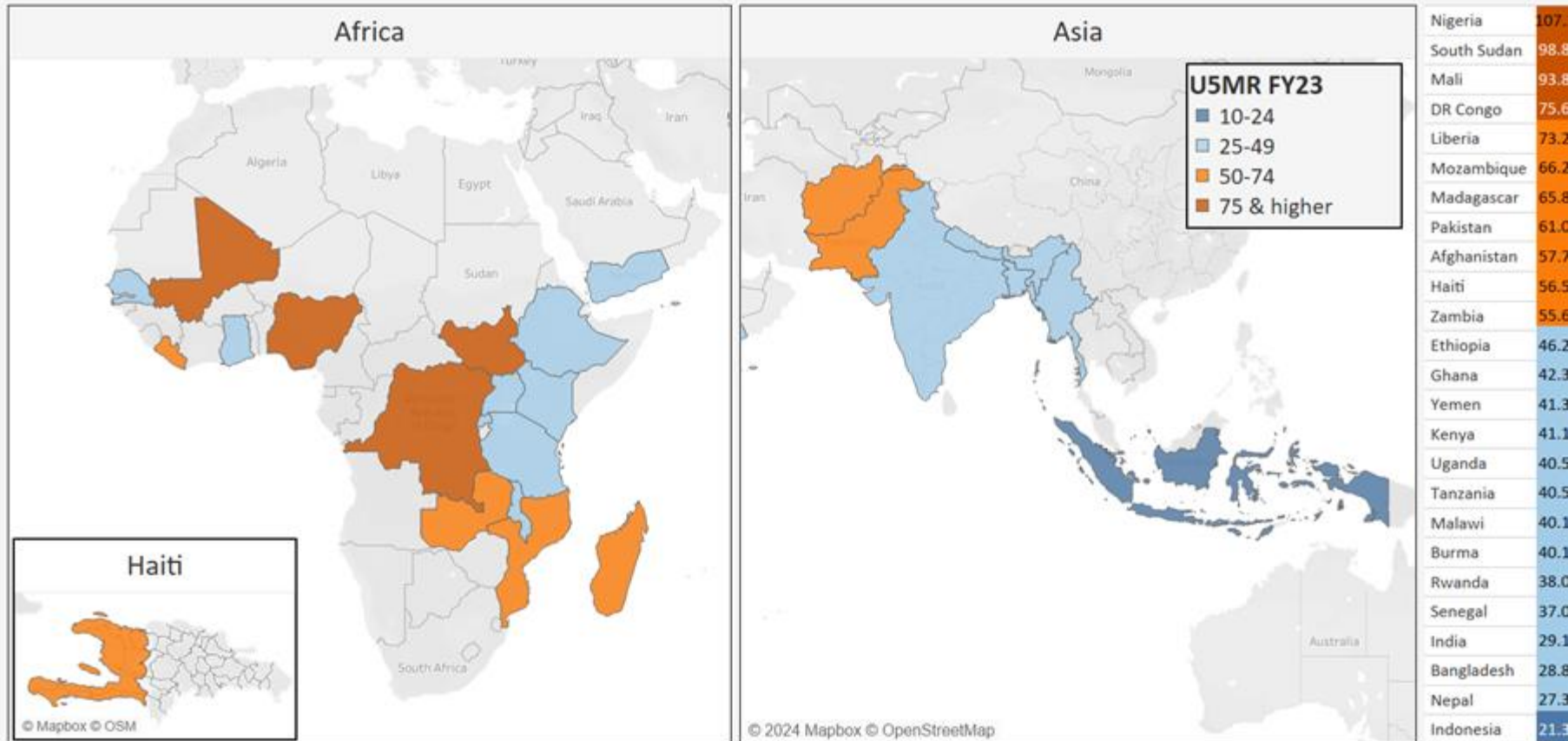


1. Data source: UN IGME 2023: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2023, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2024.
2. PMI's 30 partner country programs account for 90 percent of the global malaria burden and align largely with MCH priority countries in Sub-Saharan Africa.

Key Indicators

USAID MCH priority countries represent more than two-thirds of all U5 deaths globally.

Under-five mortality rate per 1,000 live births in USAID PCMD priority countries, FY2023



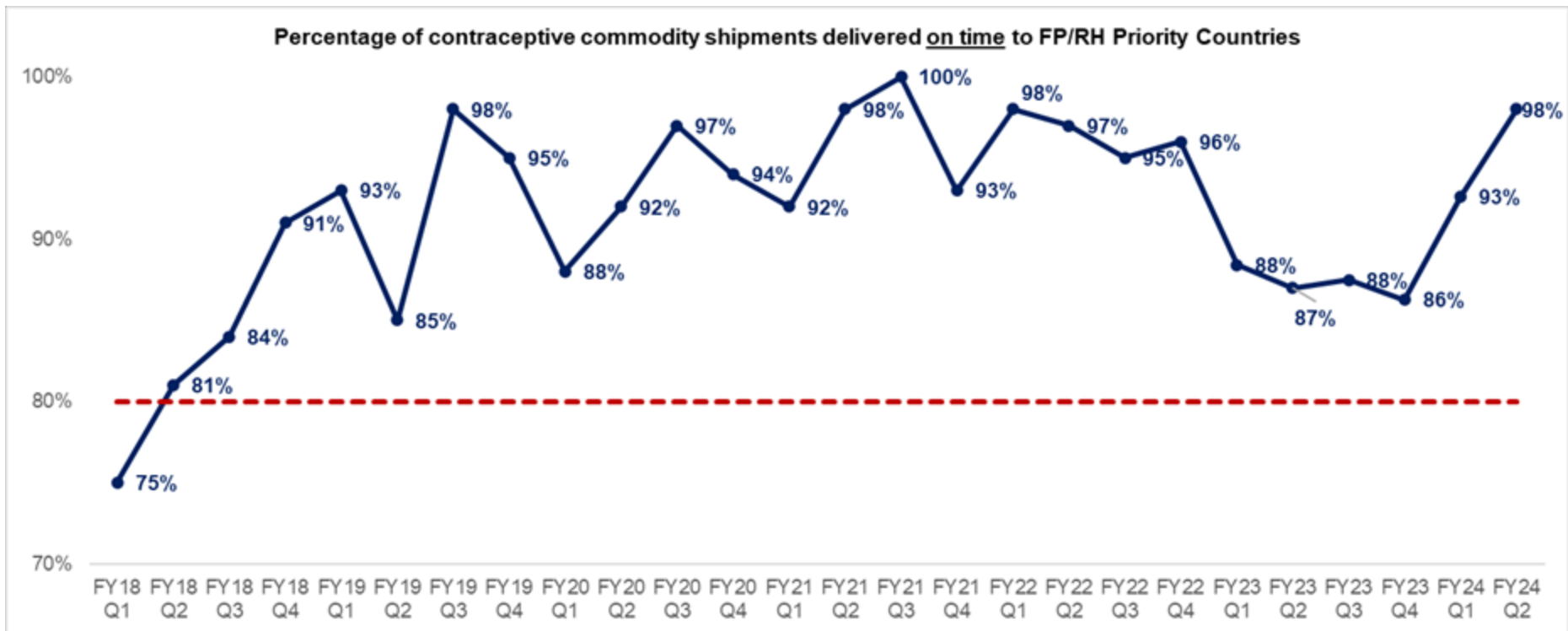
Sources: UN IGME 2023: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2023, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2024.

Link: <https://data.unicef.org/resources/levels-and-trends-in-child-mortality/>

Key Indicators

Quarterly Indicator

Contraceptive Commodities: Ensuring access to contraceptive commodities is a major component of preventing child and maternal deaths. Expanding access to information on voluntary family planning and improving the supply and logistics of commodities inherently benefits families, accelerates economic growth, and improves social stability.

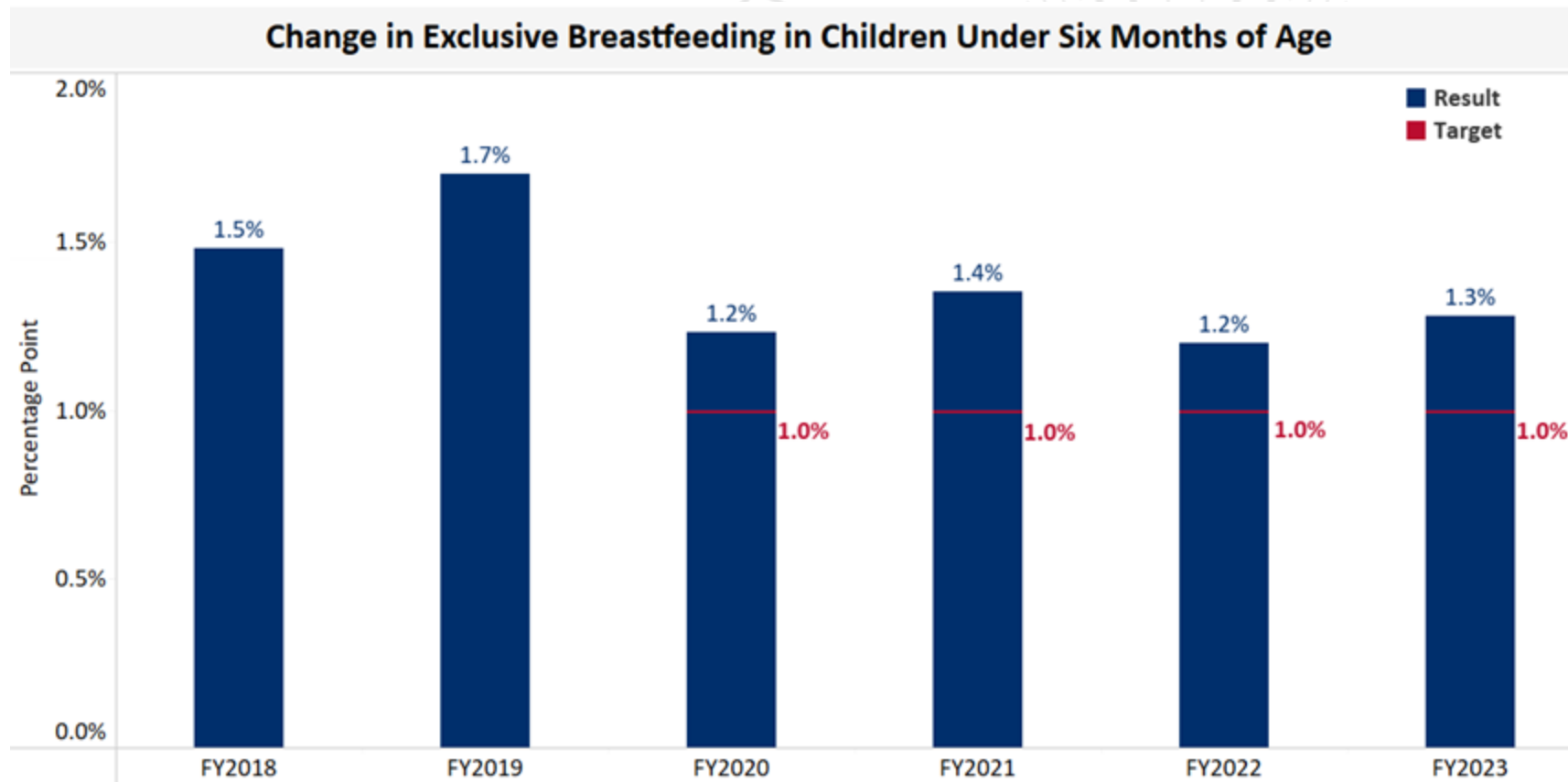


1. Due to a one-month lag in data reporting for the quarterly indicator, all current values will be reported in the following quarter.
2. Data Source: Program data from the Central Contraceptive Procurement mechanism.

Key indicators

Annual Indicator

Absolute Change in the Rate of Exclusive Breastfeeding among Children Under Six Months Old in USAID's 25 MCH Priority Countries



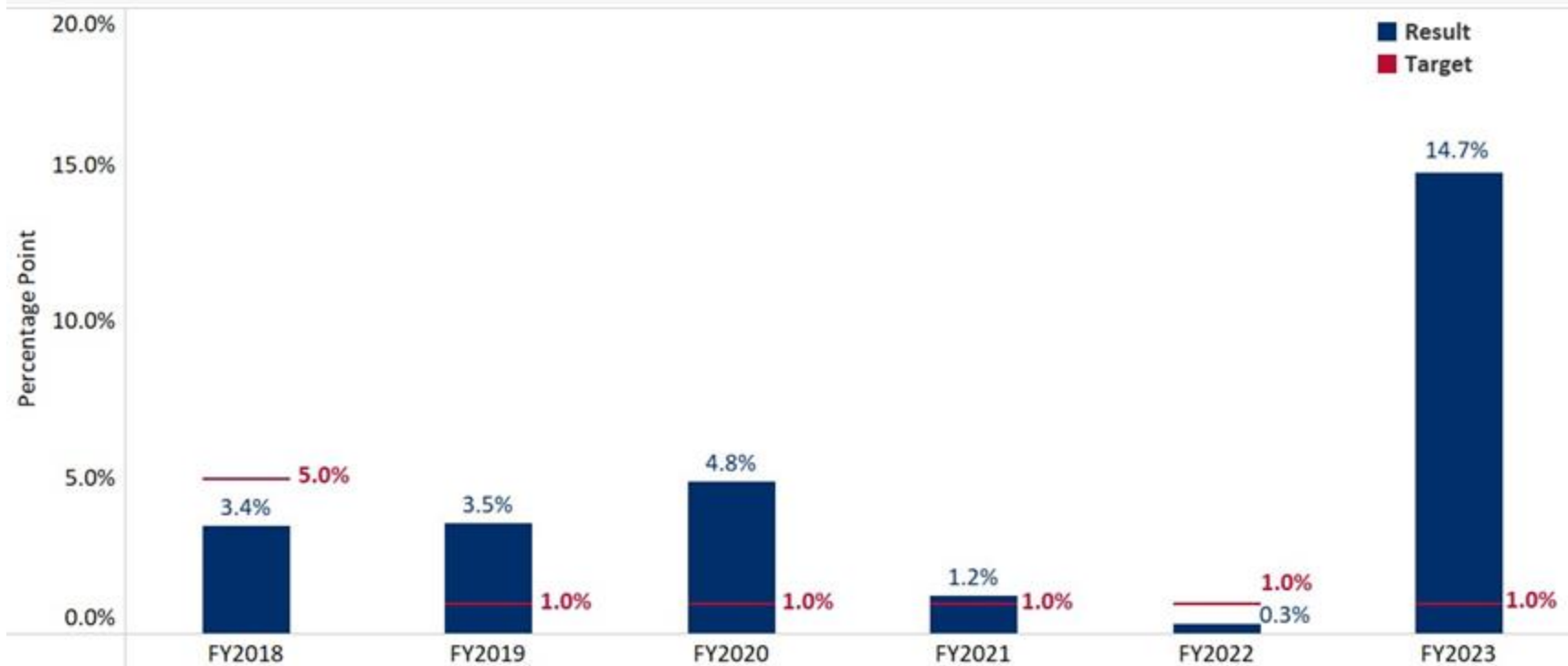
1. Data Source: USAID pulled data on the proportion of children zero to five months fed exclusively with breast milk in USAID's 25 MCH priority countries from the Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS), and Feed the Future program and averaged it (weighted by live births).
2. USAID collects data for this indicator by calendar year, which overlaps with the USG fiscal year. For this reason, USAID reports the difference in data from calendar years 2021 and 2022 for FY 2023.

Key indicators

Annual Indicator

Absolute Change in Total Percentage of Children who Received at Least Three Doses of PCV by 12 Months of Age across 25 MCH Priority Countries

Change in Total Percentage of Children Who Received at Least Three Doses of PCV3 by 12 Months of Age



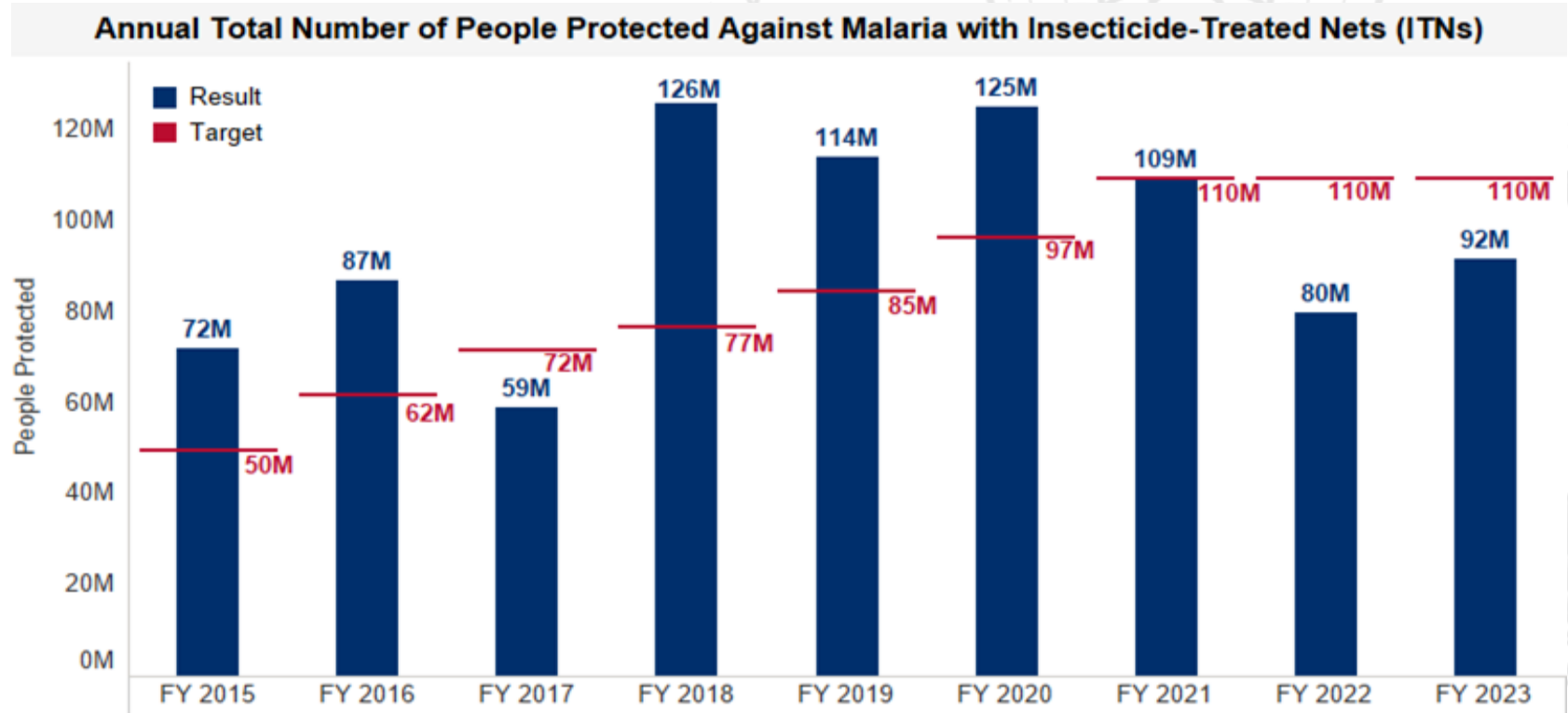
1. Data Source: World Health Organization and UNICEF Estimates of National Immunization Coverage (WUENIC).
2. USAID collects data for this indicator by calendar year, which overlaps with the USG fiscal year. For this reason, USAID reports the difference in data from calendar years 2021 and 2022 for FY 2023.
3. USAID weights these estimates between its 25 MCH priority countries by live births. Data on PCV3 and live births are from idea.usaid.gov. PCV3 vaccine is an important vaccine that USAID priority countries started to roll out in 2010.

Key Indicators

Annual Indicator

Annual total number of people protected against malaria with insecticide-treated nets:

22 PMI focus countries in Africa with paired nationwide surveys show significant declines in all-cause mortality rates among children less than five years old. The declines ranged from -10 percent to -70 percent.

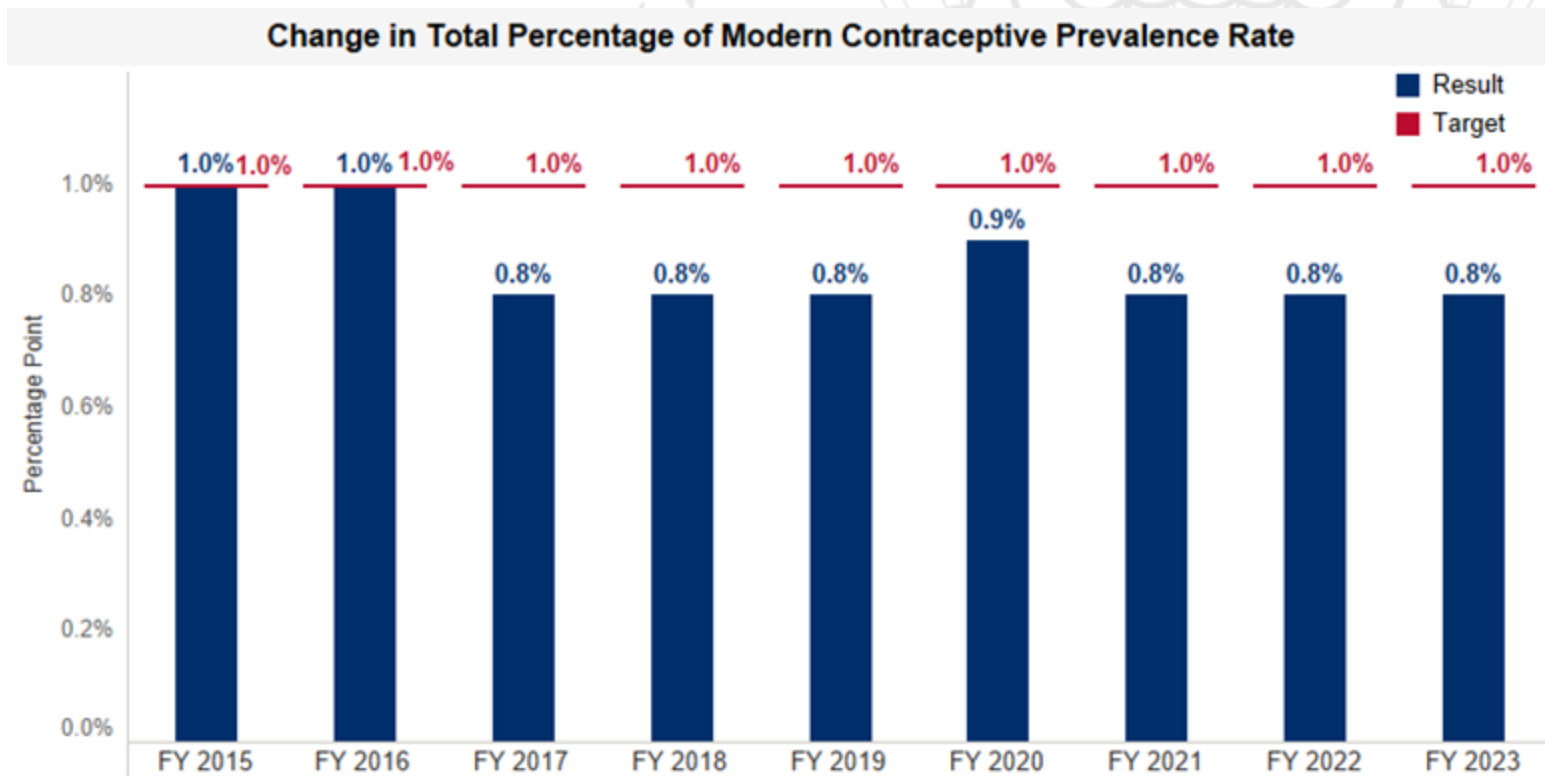


1. Data Source for ITN: PMI program data graph includes data for 27 priority PMI partner countries.
2. PMI coordinates its procurement and distribution of ITNs with other major donors, particularly [The Global Fund](#). In FY 2023, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by the Global Fund with larger campaigns across countries planned for CY 2024 and CY 2025.

Key Indicators

Annual Indicator

Absolute change in the prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. USAID uses actual or projected annual estimates of mCPR from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time USAID reports. USAID updates the projected estimates, as needed, when new survey data are available later.



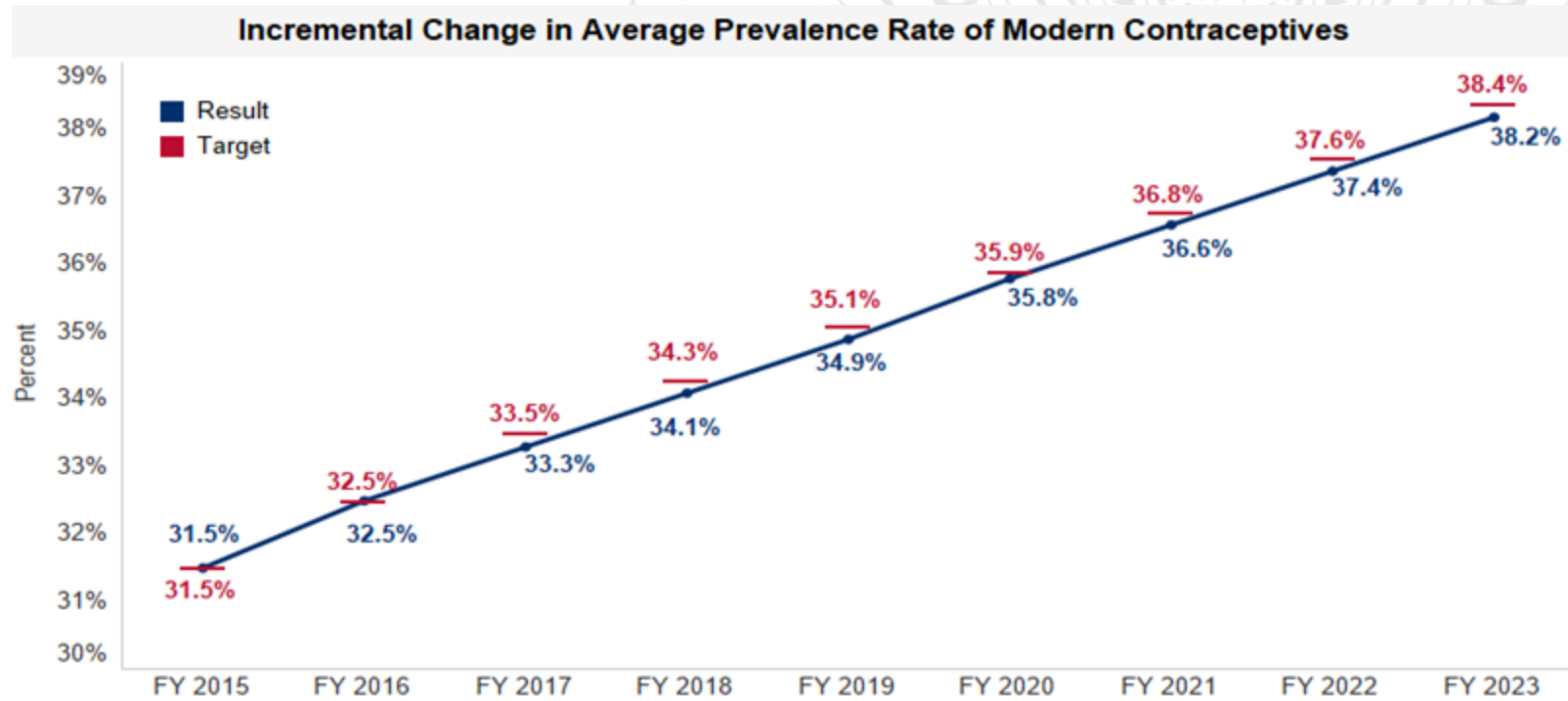
1. Data Source: UN Population Division, World Contraceptive Use 2022.
2. USAID used microdata from the DHS, MICS, PMA, other surveys to calculate family planning indicators. <https://www.un.org/development/desa/pd/data/world-contraceptive-use>
3. The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health. Those 24 priority countries are: Afghanistan, Bangladesh, Burma, DRC, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia.

Key Indicators

Annual Indicator - Supporting Data for Absolute change in the total percentage of births delivered in health facility

Incremental change in average prevalence rate of modern contraceptives (adds absolute change to the base value annually): Increased use of contraception leads to decreased unintended pregnancies and slows population growth. The mCPR measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. USAID uses actual or projected annual estimates of mCPR from the DHS, MICS, and PMA Survey available at the time USAID reports. USAID updates the projected estimates, as needed, when new survey data are available later.

Note: The target is calculated as a 1 percent increase on the prior year achievement



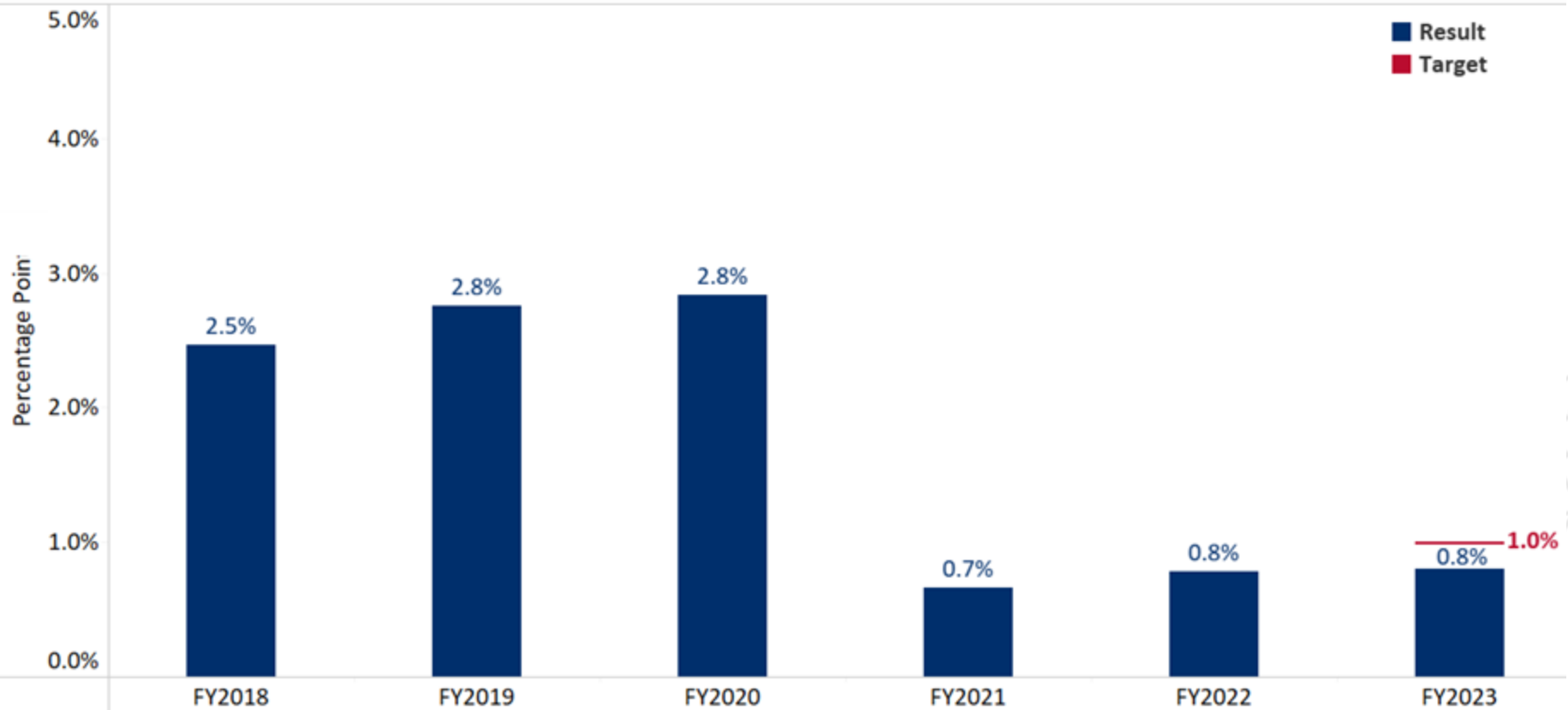
1. Data Sources: UN Population Division, World Contraceptive Use 2022.
2. USAID used microdata from the DHS, MICS, PMA, and other surveys to calculate family planning indicators. <https://www.un.org/development/desa/pd/data/world-contraceptive-use>
3. The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health.

Key Indicators

Annual Indicator

Absolute change in the total percentage of births delivered in a health facility (adds absolute change to the base value annually):

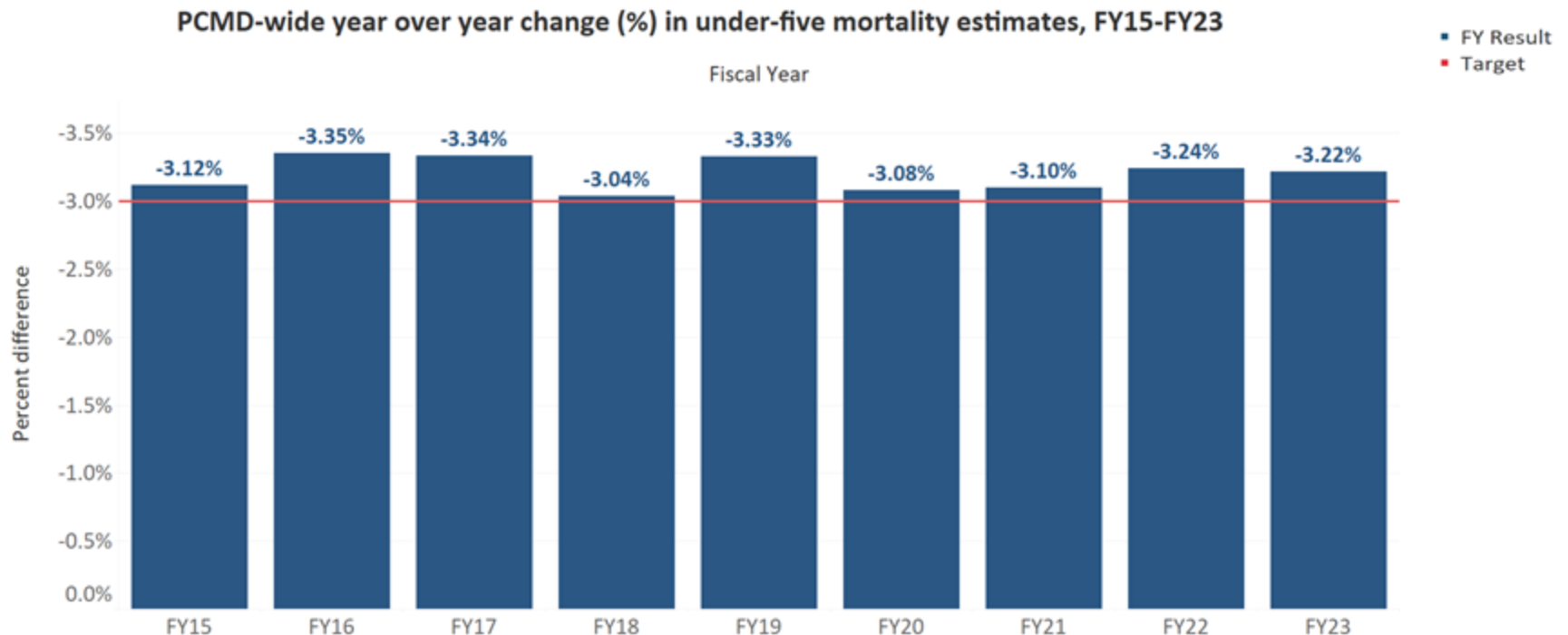
Change in Total Percentage of Births Delivered in a Health Facility



Key indicators

Annual Indicator: a

Percent change in under-five mortality rate (*target of a 3 percent decrease in U5MR per 1,000 live births*): Improvements in mortality outcomes are the result of increasingly effective efforts to create synergies between diverse health programs—in MCH, in malaria, in the contribution of voluntary family planning to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, in global health security, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.



Data source: UN IGME 2023: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2023, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2024.

The United Nations Inter-agency Group for Child Mortality Estimation (IGME) produces comparable estimates for 195 countries annually. The IGME uses all available national-level data after reviewing data quality. This graph includes data for year-to-year percent change in USAID's 25 priority countries for MCH.

Key Milestones

Milestone Summary

Key Milestone	Milestone Due Date	Milestone Status	Comments
Approve 30 FY 2024 Malaria Operational Plans (MOPs) for the PMI priority countries/regional program.	Q1 FY 2024	Completed	All 30 FY 2024 Malaria Operational Plans were approved on November 6, 2023.
Review FY 2024 Health Implementation and Operational Plans (OPs) for 25 USG priority countries for MCH to improve program alignment with the MCH Roadmap , the USAID PCMD Framework , and the continuously evolving evidence-base for effective programming.	Q2 FY 2024	Completed	All FY24 priority country OPs have been reviewed.
Conduct a PPR data deep dive; analyze data on PCMD-supported countries for trends in the Universal Health Coverage (UHC) Service Coverage Index's Reproductive, Maternal, Newborn and Child Health (RMNCH) sub-Index; and consult with Missions to further focus PCMD programming and accelerate progress on saving maternal and child lives.	Q3 FY 2024	Completed	PPR deep dives were conducted in Q3. Data was analyzed on UHC SCI trends for the pending PCMD report expected to be released in Q4. Consultations with Ghana and Nigeria Missions have been completed and further consultations with Mozambique, Kenya, and Tanzania will continue in Q4.
Release and disseminate the 2023 PCMD report to Congress	Q4 FY 2024	Planned	Release of 2023 PCMD report has been delayed and is now expected to be released in Q4.
Approve 30 FY 2025 MOPS for the PMI priority countries/regional program	Q1 FY 2025	Planned	
Review FY 2025 OPs for 25 USG priority countries for MCH	Q2 FY 2025	Planned	
Complete a deep dive analysis of country performance results for FY 2024	Q3 FY 2025	Planned	
Release and disseminate the 2024 PCMD Report	Q3 FY 2025	Planned	Under the PCMD Framework, this report replaces the Acting on the Call Report to Congress.

Data Accuracy & Reliability

Data Sources:

USAID and its partners monitor and collect data regularly to assess performance and evaluate results against the goal of preventing child and maternal deaths. To track progress on the selected indicators, USAID chose data sources to maximize the ability to compare across countries, and used standard methodologies for estimating, which enabled USAID to visualize data in specific time periods across countries. Most of the data sources are from well recognized international organizations and USAID programs worldwide:

- The Interagency Group for Child Mortality Estimation (IGME) produces estimates for children under five years old and newborns.
- USAID obtains the numbers and ratios of maternal deaths to live births from the UN's Maternal Mortality Estimation Inter Agency Group (MMEIG).
- USAID uses data and information on nutritional status and progress toward targets from the UNICEF/WHO/The World Bank Group Joint Child Malnutrition Estimates (JME) — [Levels and Trends in Child Malnutrition: Key Findings of the 2023 Edition](#).
- A [2030 maternal mortality ratio target calculator](#) has been provided by the World Health Organization (WHO) to help countries calculate their 2030 targets.
- USAID uses data on modern contraceptive prevalence rate among married women, unmet need for modern contraception, and demand satisfied by a modern contraceptive method from the [2022 Family Planning 2030 Progress Report](#), Full Estimate Table.
- PMI reports on the number of people protected against malaria with insecticide-treated bednets through PMI's Annual Report to Congress reporting system.

Data Accuracy & Reliability (Cont.)

Actions to improve data quality and availability:

Better data is needed to help guide programs, and although information on use of basic services increased greatly over the past decade, more effort is needed to understand the quality of care available to women across the continuum of pregnancy, delivery, and the postnatal period. Efforts to expand the availability and quality of population and health facility data must include a concerted effort to register every newborn and count the deaths of every mother and newborn, including stillbirths:

- USAID invests in technical assistance and collecting data at national, regional, and local levels to strengthen the healthcare delivery, improve outcomes, and save millions of lives.
- In its first [Digital Strategy](#) (2020-2024), USAID outlined its deliberate and holistic commitment to improve development and humanitarian assistance outcomes by using digital technology and to strengthen open, inclusive, and secure digital ecosystems. Digital ecosystems empower people and communities to use digital technology to access services, engage with others, and pursue economic opportunities in partner countries. Digital ecosystems consist of stakeholders, systems, and enabling environment.

Additional Information

Contributing Programs:

- USAID works collaboratively internally, across the USG, with host-country governments, and with global partners to advance the goal of preventing maternal and child deaths.
- The USG was one of the first entities to call on the global community to stop mothers and children from dying from preventable causes. [The Call to Action](#) resulted in 178 governments signing a pledge that commits to doing everything possible to accelerate declines in preventable maternal, newborn, and child deaths.
- Over 600 civil-society and private-sector organizations pledged support around The Call to Action. This work directly advances the UN Secretary-General's [Global Strategy for Women's and Children's Health](#) and the [Partnership for Women's, Children's and Adolescents' Health](#).
- USAID publishes its progress annually in the Acting on the Call Report. The FY 2021 [report](#) focuses on the role of nurses and midwives in sustaining life-saving health services amidst the COVID-19 pandemic.

Stakeholders:

- USAID recognizes that achieving sustainable solutions to global challenges requires collaborating closely with countries, partners of all sizes, citizens, and the wider development community.
- USAID aggressively pursues a model of development that prioritizes partnerships and leverages the unique skills and capabilities of the business community to address development challenges.
- USAID has engaged in more than 200 partnerships with the private sector that have advanced core U.S. development and foreign policy priorities, such as increasing food security, ending preventable child deaths, providing access to power for millions of people in Africa, and advancing literacy in developing countries.¹

Congressional Consultations:

- Every year Congress asks USAID to submit a series of reports on various matters of concern. USAID's annual reports are available at [Reports to Congress](#) webpage.

1. Partnering for Impact: USAID and the Private Sector available at [usaid_partnership_report_FINAL3.pdf](#)